Interactive Development Support Limited

Interactive Development Support Limited

Inspection report

3rd Floor Benton House
Sandyford Road
Newcastle Upon Tyne
Tyne and Wear
NE2 1QE

Tel: 01912303090
Website: www.idlimited.co.uk

Date of inspection visit:
23 February 2017

Date of publication:
25 April 2017

Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

Interactive Development Support Limited provides personal care and support to adults and children with learning and physical disabilities in their own homes, including supported living arrangements. At the time of the inspection, services were being provided to 21 people who lived in the Newcastle upon Tyne, Gateshead and North Tyneside areas.

At the last inspection in December 2014 we had rated the service as 'Good'. At this inspection we found the service remained 'Good' and met each of the fundamental standards we inspected.

We found that the service had established processes to protect people from abuse and respond to any safeguarding concerns. Measures were put in place to reduce identified risks and make sure people received safe care and support.

A robust recruitment was followed to check the suitability of new staff. Sufficient staff were employed to support people and provide them with continuity of care. The staff team was well trained and supervised to support their skills in meeting people's needs.

People were appropriately supported in maintaining their health and in taking their prescribed medicines. Staff assisted people with their dietary requirements and, where able, to be involved in planning and preparing meals.

Staff had developed good relationships with people, were caring in their approach and treated people with respect. People and their representatives were involved in decisions about their care and given information about the service in ways they could understand.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Care plans were tailored to the individual's needs, preferences and the outcomes they wished to achieve. People were supported to engage in activities they enjoyed and to spend time in their local and wider communities.

The service regularly sought feedback from people and their families about their experiences. Any complaints received were responded to and thoroughly investigated.

The management provided leadership and promoted an open, inclusive culture. The quality and safety of the service was monitored to ensure standards were maintained and improved.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains good.	**Good**
Is the service effective? The service remains good.	**Good**
Is the service caring? The service remains good.	**Good**
Is the service responsive? The service remains good.	**Good**
Is the service well-led? The service remains good.	**Good**

Interactive Development Support Limited

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection was announced and took place on 23 February 2017. We gave short notice that we would be coming as we needed to be sure that someone would be in at the office. The inspection was carried out by an adult social care inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed the information we held about the service. This included the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales. We contacted local authority commissioners and safeguarding teams.

During the inspection we talked with three people using the service, six relatives, the provider, the registered manager, the service development manager, a service manager and a support worker. We reviewed three people's care records, staff training and recruitment records and reviewed other records related to the management of the service.

Good

Is the service safe?

Our findings

People using the service felt safe with the staff who provided their support. They told us, "I feel safe when staff are around and have someone with me 24 hours a day" and "If I'm worried about something I talk to them (staff)." Relatives had no concerns about people's personal safety though some raised home security and insurance matters, which the registered manager gave us assurance were being followed up. One relative said, "The staff make sure [name] is nice and secure. Whatever needs doing they make sure [name] can do it without their safety being compromised."

People were given an easy read safeguarding guide and staff routinely explained safeguarding at tenants meetings. This helped promote people's understanding of their rights to be protected from abuse and who they should talk to if they ever had any concerns. The service had a child protection policy and informed families that any information disclosed about suspected abuse of a child would need to be shared with the local Children's Safeguarding Board. Revised policies on safeguarding and whistleblowing (exposing poor practice) had been disseminated to staff. A 'duty of candour' policy had also been introduced. This duty requires providers to be open, honest and transparent with people about their care and treatment and the actions they must take when things go wrong. Staff were trained in safeguarding adults and children to make sure they knew how to recognise, prevent and report abuse. The registered manager had taken appropriate action in response to any allegations received.

Suitable arrangements were made to support people with their finances and check that money was handled safely. Risks to personal safety had been assessed and were kept under review. Measures to reduce risks were associated with the individual's vulnerabilities and ensuring they were kept safe during their care delivery at home and when out in the community. People confirmed they were safely supported, giving examples of staff helping them to budget and feeling safe when moving and handling equipment needed to be used.

Accident and incident reports were analysed, enabling any safety concerns to be acted on. Health and safety issues were discussed at all meetings to raise staff awareness of complying with standards and safe working practices. A business continuity plan was in place for managing the service and keeping people safe in the event of emergencies. Managers were able to be contacted outside of office hours should staff require advice or support.

The service had a robust recruitment process that demonstrated all necessary pre-employment checks were undertaken to check the suitability of new staff. Rosters were forward planned and there was sufficient staffing capacity to cover absence and provide people with consistent care. People felt there were enough staff to support them. A relative told us, "[Name] knows staff well and has three to four regular staff who work on a rota system."

Wherever possible, people were supported to be independent in taking their prescribed medicines. Staff were given relevant training, had their competency assessed and followed detailed information about each person's medicines regime. Records supported that medicines were given safely and at the times people

needed them. Audits were conducted to monitor that medicines were being managed safely and action was taken if deficits were identified.

Good

Is the service effective?

Our findings

Records showed that new staff had received induction training to prepare them for their roles. This included undertaking the 'Care Certificate', a standardised approach to training for new staff working in health and social care. There was evidence of staff undertaking induction specific to the needs of the people they would be supporting. All staff were given information which explained the conduct expected of employees, including their responsibilities to work safely.

A mix of classroom based and e-learning training was provided to staff. Details of on-going training indicated the staff team had completed mandatory courses, such as first aid, infection control and food hygiene. Other topics included caring for people with dementia, autism and epilepsy and managing risks. Staff were given opportunities to study for health and social care qualifications. There was a delegated system for providing staff with supervision and annual appraisal to support their personal development. Individual agreements were in place and the frequency of supervision sessions was monitored. Team meetings were also held to bring staff together and discuss employment and care-related issues.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

We found the service worked within the principles of the MCA and trained staff to understand the implications for their practice. Consent was obtained from people in relation to different aspects of their care, with clear records confirming how the person had demonstrated their understanding. Mental capacity assessments had been carried out, leading to decisions being made in people's best interests. A small number of people were subject to court of protection orders, as they did not have capacity to make decisions about the care and treatment they required. The registered manager was working with other professionals, including Independent Mental Capacity Advocates, where further people might need to be referred for these arrangements.

The service did not advocate restrictive practices or the use of restraint to exert control over people with distressed or challenging behaviours. Staff were trained in positive behaviour support and 'break away' techniques which enabled them to recognise triggers to behaviour and prevent people's actions from being harmful.

People's nutritional needs were assessed and care planned, including support with weight management and advice from dietitians. Where able, people were involved in menu planning, food shopping and preparing drinks, snacks and meals. One person told us, "Staff always help me with what I need to do" and said they had peeled potatoes for a shepherds pie they were having later that day.

Information was gathered about medical history, health conditions and people had care plans focused on

their health and well-being. People were supported in accessing a range of health care services and all contact with, and advice given by health care professionals was documented. The registered manager reported good working relationships with health care professionals. Some professionals, including a psychologist, a specialist nurse and a speech and language therapist had also provided training for staff to support them in meeting people's needs effectively.

Good

Is the service caring?

Our findings

Relatives were confident that staff treated their family members with dignity and respect. They told us, "The quality of care is very good", "[Name] is looked after very well", "On the whole, [name's] care is superb" and "It's a smashing place; I can't fault the staff at all."

Relatives felt the attitude of staff was caring and respectful and that they had formed good relationships with their family members. Their comments included, "[Name] is definitely happy. Staff are home to her, as well as like a second family", "One lady in particular has a laugh and joke with [name]. They try to be a friend as well as the caring role" and "[Name] loves their main support worker to bits."

Care plans showed people were encouraged to maintain and develop independent living skills. For example, involvement in household tasks was broken down into achievable steps. These steps were reviewed by staff at regular intervals, stating what the person had done themselves and if they had needed verbal prompts or other support. Relatives gave differing feedback about how the service promoted independence. One relative said, "[Name] loves cooking and making things, but needs someone to oversee, and the staff do this brilliantly." Another relative felt staff sometimes didn't proactively support independence and that their family member was "…quite happy for this to happen." The registered manager told us they were happy for families to approach them with any aspects of support they were not fully satisfied with, to give them the opportunity to discuss and review.

People were given a comprehensive guide that informed them about what they could expect from using the service. This could be made available in many languages, in large print, Braille or in an audio format to suit people's communication needs. The guide gave clear information about the service, its' aims and objectives and the outcomes staff would support adults and children to achieve. An easy read version of the equality and diversity policy, setting out the provider's commitment to treating people fairly and without discrimination was also provided.

Staff were given training in equality and diversity and person centred approaches to help them recognise the importance of treating people as unique individuals with diverse needs. The staff we talked with took a pride in their work, telling us, "We're passionate about people's support and delivering training to equip staff with the skills to meet each person's needs" and "We genuinely care for people." The management aimed to match staff to people's needs and preferences. They told us, for example, about a person with severe anxiety who was given consistent support from a male staff team. We were informed this had enhanced their confidence, they were now involved in interviewing new staff and that they, "Have made great strides."

People were encouraged to express their views about their support and the service in general. Surveys were sent out to obtain feedback and there a focus group met quarterly that represented the voices of people using the service. Some relatives acted on behalf of their family members and access to advocacy services was offered.

Good

Is the service responsive?

Our findings

The people we talked with described being able to make choices about their support which staff respected, such as activities they liked to do either at home or in the community. One person said, "I do my art class. I don't go on my own, can't go on my own and they (staff) stay." Another person explained that staff supported them when they went into town and "Keep me right." They told us, "Staff help me out" and that the care they received was, "Alright, good."

Many people using the service were supported in meeting their social needs and they had weekly timetables of their routines and the activities they took part in. One person said, "I like colouring in. I like colouring books" and another person told us they went to football matches to support their team, accompanied by staff.

Relatives told us, "Staff do different activities with [name]. They try various things. [Name] is quite limited in what they can do but staff research the internet to look for places to go. That may be sensory or music related as they enjoy music. If it's a nice day they will arrange a trip to the seaside" and "The care in the community situation is good. There was a disco on Tuesday night. They take [name] swimming as they need a lot of physical activity as well as social interaction." A relative told us their family member was given opportunities to go out, which they often declined, and that staff were mindful about this being the person's decision.

People's needs and abilities were thoroughly assessed, including an assessment specific to children being completed for the younger people the service supported. Care plans were highly personalised, stating the ways people communicated, their routines and how they preferred to be supported. They reflected the extent of support each person required, ranging from staff visiting weekly to provide personal care to extensive care and support across the 24 hour period. The care plans gave staff clear guidance to follow and were evaluated and, where necessary, revised as people's needs changed. This was done with the individual's involvement, with a log kept that confirmed, for instance, when staff had read and agreed changes with the person. There was evidence that people's care was reviewed, including staff attending a multi-disciplinary children's review with other professionals. Staff made detailed records which accounted for the care they provided and reported on the person's well-being.

The registered manager told us the service worked flexibly to accommodate people's needs and requests, such as changing the timing of support worker visits. They gave an example of how overnight staff had been gradually reduced for a person who no longer needed this support. More flexible delivery of services was also being undertaken in line with people's personal funding arrangements.

People were given easy to understand information about the complaints procedure. We saw staff had supported people when they wished to make complaints. Any complaints received had been responded to, investigated and checks were made as to whether the complainant was satisfied with the outcome. None of the people we talked with expressed any concerns. Relatives gave variable feedback about their experiences of how historical and more recent issues they had raised were dealt with. We relayed these to the registered

manager who assured us they were willing to meet with relatives to attempt to resolve any outstanding problems they might have.

Good

Is the service well-led?

Our findings

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager was experienced and understood their registration responsibilities. They told us they were well supported in their role by the provider and a defined management structure, with accountability for running and developing the service.

The provider had displayed the Care Quality Commission's (CQC) rating of the service, including on their website, as required, following the publication of the last inspection report.

We were informed there were plans for the service to relocate to new premises in the future. The provider said they would be formally notifying us about this change. We highlighted an anomaly in the service's current registration details, which the provider agreed to apply to CQC to amend.

The provider, registered manager, service development manager and service managers were based at the location offices. They had daily contact with one another, ensuring there was on-going communication about the running of the service. Monthly meetings were held where the management were appraised of and discussed the operation and development of the service. The registered manager and service development manager told us they had bi-monthly meetings with the senior support staff for each service, which they had found to be beneficial.

Staff told us, "This is a good company to work for", "We're well supported" and "I like it a lot." A relative we talked with was very complimentary about an office staff member, telling us they had been instrumental in improving communication with them.

The service had an effective quality assurance system with regular audits to ensure standards were met. Direct observations of support workers care practices were conducted and each service had a quality visit every three months to check and validate the support people received. Where improvements were needed, action plans were put in place.

Surveys were carried out with people and their relatives and the latest findings were positive. They included comments such as 'Great team of girls looking after my [family members]. It feels like an extended family' and '[Name] has a great life at [service]. Better than we ever dreamt of. Thank you.' Relatives confirmed they received surveys, though did not always fill them in. One relative told us, "Everything is working out well and I would recommend the service to another parent."

The registered manager attended local authority meetings for managers of services for people with learning disabilities to keep updated with best practice. The management also worked collaboratively with social

workers, health care professionals and commissioners in co-ordinating people's care services.

Recent developments in the service had included a full review and revision of policies, procedures and care documentation. The management told us they were committed to working inclusively and had plans to enhance the methods by which people and their families could influence the service. These included further promotion of the focus group, with consideration of combining with a social event and adapting surveys to encourage more participation.